DEPARTMENT OF THE TREASURY

BUREAU OF ALCOHOL, TOBACCO AND FIREARMS APPLICATION FOR BASIC PERMIT LINDER THE FEDERAL ALCOHOL ADMINISTRATION ACT

1.	I. FULL NAME AND PREMISES ADDRESS					3. EMPLOYER IDENTIFICATION NUMBER (EIN) (Social Security number is not acceptable)		
						4. OPERATING NAME (DBA), if any		
	LEPHONE NUMBER() ate in which organized for Corpora	ations and Limited Liability	Companies (LLC	:).				
-	State in which organized for Corporations and Limited Liability Companies (LLC): 2. MAILING ADDRESS (If different from premises address)				:	5. LABELING TRADE NAME(S), if any		
6.	BUSINESS(ES) TO BE CONDUC	CTED AT PREMISES ADD	RESS (Check ap	plicable box	es)			
	a. DISTILLED SPIRITS PLA DISTILLING WAREHOUSING AND	INTO THE UNITED	D STATES					
	PROCESSING (REC.	TIFYING) DISTILLED SPIF	KIIS AND WINE		MALI BE	VERAGES		
	□ PRODUCING AND BLENDING WINE□ BLENDING WINE□ WINE				DISTILLE WINE	ASING FOR RESALE AT WHOLESALE FILLED SPIRITS E T BEVERAGES		
					MALI BE	VERAGES		
	or while so engaged, sell, offer, of produced, rectified, blended or b	ottled, warehoused and bo					olic beverages so distilled	
7.	REASON FOR THE APPLICATION	ON		c. CH	IANCE IN	OWNERSHIP		
	Anticipated start date			Da	te of Chan	ge	 , , , ,	
				Na	me, addre	ss and permit num	ber(s) of predecessor	
	b. CHANGE IN CONTROL (Submit Basic Permit(s) wi Date of Change							
8.	OWNER INFORMATION (List so	ole owner, all general parti	ies, LLC members,	/managers, o	corporate o	officers and directo	rs, and shareholders with more	
	than 10% voting stock. Each lis	ted person must also furn	ish the informatior	in Item 9.)				
	NAME TITLE					ESTMENT IN NESS (Item 6)	SOURCE OF FUNDS INVESTED (savings, loans, gift or specify other)	
_								
_	A DDI IOANT IO AOTHALIY OD I S	CALLY CONTROLLED D	V DEDOONO OD I	NUMBOOF	O NOT ID	ENTIFIED ADOVE	DDOMBE ON A OFFIA DATE	
SH	APPLICANT IS ACTUALLY OR LE EET INFORMATION (as specified	d for Item 9) FOR EACH I						
	SINESSES SHOULD INCLUDE T COMPLETE FOR EACH PERSO							
a. FULL GIVEN NAME		b. DATE AN	b. DATE AND PLACE OF BIRTH		c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER		d. ARE YOU A U.S. CITIZEN?	
		BIRTH					YES NO	
e.	f. OTH	ER NAMES USED <i>(Maid</i>	len name. nicknan	nes, etc.)				
	MALE FEMALE		, monitum	,				
g.	RESIDENCE(S) OVER THE LAST	T FIVE YEARS						

a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN? YES NO
e. f. OTHER NAME:	S USED (Maiden name, nic	knames, etc.)	
g. RESIDENCE(S) OVER THE LAST FIVE YEA	ADC		
g. RESIDENCE(S) OVER THE EAST TIVE TEX	110		
a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN? YES NO
MALE FEMALE	S USED (Maiden name, nic	knames, etc.)	
g. RESIDENCE(S) OVER THE LAST FIVE YEAR	ARS		
a. FULL GIVEN NAME	b. DATE AND PLACE OF BIRTH	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN?
e. f. OTHER NAMES g. RESIDENCE(S) OVER THE LAST FIVE YEAR	S USED <i>(Maiden name, nic</i> ARS	knames, etc.)	
a. FULL GIVEN NAME	b. DATE AND PLACE OF	c. SOCIAL SECURITY OR EMPLOYER IDENTIFICATION NUMBER	d. ARE YOU A U.S. CITIZEN?
			YES NO
MALE FEMALE	S USED <i>(Maiden name, nic</i>	knames, etc.)	
g. RESIDENCE(S) OVER THE LAST FIVE YEAR	ARS		
	O MANUFACTURE, DISTR GENCY <i>(Federal, State, loc</i>	RIBUTE, IMPORT, SELL OR USE ALCOHO Cal or foreign) OR HAD SUCH PERMIT, LI	OL PRODUCTS (beverage or
YES. State details of each event on	a separate sheet. N	0	
11. HAS THE APPLICANT OR ANY PERSON OF ANY CRIME UNDER FEDERAL, STAFederal or State law. YES. State details of each event on	TE OR FOREIGN LAWS oth	ner than traffic violations or convictions tha	
ATF MAY REQUIRE additional information or bonded wine premises, you must also file a PERMIT. Criminal and administrative actions pursuant to an FAA Act basic permit.	dditional forms and informat	ion required under the Internal Revenue Co	ode. OPERATION WITHOUT A
APPLICANT'S AFFIRMATION. Under penalti to the best of my knowledge and belief, it is to application is filed of any change in ownership directors, or persons holding 10 percent or most the State in which the business will be concreasonable period of time and maintain such	rue, correct and complete. on, management, or control correct of the corporate stock). ducted. In addition, if this a	The applicant will immediately notify the AT of the applicant (in the case of a corporation. The business for which this application is approved, the applicant will co	F official with whom this n, any change in the officers, made does not violate the law nduct operations within a
12. APPLICANT'S SIGNATURE (Sole owner officer, LLC member or manager, or if des ATF F 5000.8)		13. TITLE OF PERSON SIGNING	14. DATE
15. E-MAIL (INTERNET) ADDRESS (optional	<i>I)</i> :		

INSTRUCTIONS

- GENERAL. You must file this application if you want a permit under the Federal Alcohol Administration Act (FAA Act) to engage in the business of:
 - Producing or processing distilled spirits or wine includes for nonindustrial use.
 - Importing into the United States, or wholesaling, alcoholic beverages.

Nonindustrial use of distilled spirits or wines includes all beverage purposes or uses in preparing foods or drinks. Wholesaling under the FAA Act means purchasing alcoholic beverages for resale at wholesale. The FAA Act defines alcoholic beverages as distilled spirits, wine, or malt beverages including any fermented cereal beverages which have an alcohol content of less than ½ percent.

- 2. COMPLETING AND FILING THIS APPLICATION.
 - · Please type or print and complete all items.
 - Write "not applicable" in any item requesting information that does not apply to your business.
 - Items 8 through 11: If this information is on file with ATF, state "On file under (name and ATF permit or registry number or type of pending application).
 - · If you need additional room, use a separate sheet.
 - If your producing or processing operations will be in Puerto Rico, contact the Chief, Puerto Rico Operations, for additional requirements.
 - Send this form in duplicate to the appropriate ATF (Bureau of Alcohol, Tobacco and Firearms) office.

Location of Business	Send to: ATF	Telephone Number
CA	221 Main Street, 11th Floor San Francisco, CA 94105-1931	415-744-7011

CT, DE, MA, MD, ME, NH,
NJ, NY, PA, RI, VT

Puerto Rico

Federico Degatau Federal Bidg.
Hato Rey, PR 00918-1746

ALL OTHER STATES

S50 Main Street

215-597-2246

215-597-2246

809-766-5584

809-766-5584

Cincinnati, OH 45202-3263

- 3. LABEL APPROVALS FOR BOTTLED ALCOHOLIC BEVERAGES. Bottlers, packagers, and importers should have ATF approved label certificates (ATF F 5100.31). A label approval is required to sell, ship or deliver for sale or shipment, or to otherwise introduce in interstate or foreign commerce, alcoholic beverages. Also, a label approval allows importers to release specific imported alcoholic beverages from Customs' custody. For label approvals contact the Product Compliance Branch, ATF, Washington, DC 20226 (202-927-8140). ATF does not approve certificates until you have the appropriate FAA Act basic permit. You can submit draft labels (for example, mockups) to ATF for review before printing the labels. Trade name approval on your FAA Act basic permit does not constitute approval as a brand name for labeling purposes.
- 4. SPECIAL TAX. If you operate a distilled spirits plant or bonded wine premises or deal in beer, wine or distilled spirits, file ATF F 5630.5, Special Tax Registration and Return, and pay an annual tax. File ATF F 5630.5 and pay this tax when you start selling, or offer for sale, alcoholic beverages. You do not file this form or pay special tax when your business only involves the importation or sale of fermented cereal beverages which have an alcoholic content of less than ½ percent or where your business is only in Puerto Rico.
- EMPLOYER IDENTIFICATION NUMBER. You need to have this number for your business even if you do not have any employees.
 To obtain an EIN, file Form SS-4 with the Internal Revenue Service.

PRIVACY ACT INFORMATION

- 1. AUTHORITY. Solicitation of information on ATF F 5100.24 is made pursuant to 27 U.S.C. Section 204(c). Disclosure of this information by the applicant is mandatory if the applicant wishes to obtain a basic permit under the Federal Alcohol Administration Act.
- 2. PURPOSES. To identify the applicant; the location of the premises; and to determine the eligibility of the applicant to obtain a basic permit.
- 3. ROUTINE USES. The information will be used by ATF to make determinations set forth in paragraph 2 above. Where such disclosure is not prohibited, ATF officers may disclose this information to other Federal, State foreign and local law enforcement and regulatory agency personnel to verify information on the application and for enforcement of the laws of such other agency. The information may be disclosed to the Justice Department if the application appears to be false or misleading. ATF officers may disclose the information to individuals to verify information on the application where such disclosure is not prohibited.
- 4. EFFECTS OF NOT SUPPLYING INFORMATION REQUESTED. ATF may delay or deny the issuance of the FAA Act basic permit where information is not complete or missing.
- 5. DISCLOSURE OF EMPLOYER IDENTIFICATION NUMBER AND SOCIAL SECURITY NUMBER. You do not have to supply these numbers. These numbers are used to identify an individual or business. If you do not supply the numbers, your application may be delayed.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction of 1995. The information collection is used to determine the eligibility of the applicant to engage in certain operations, to determine the location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required to obtain or retain a benefit and is mandatory by statute (27 U.S.C. 203 and 204 (c)).

The estimated average burden associated with this collection of information is 1 hour and 45 minutes per respondent depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.